

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/597,425-Conf. #1799
				Filing Date	July 25, 2006
				First Named Inventor	Tooru Hachisuka
				Art Unit	7A 1794
				Examiner Name	Not Yet Assigned D. S. Nakarani
				Attorney Docket Number	09852/0205240-US0
Sheet	2	of	2		

[illegible]

Examiner Signature	/D. S. Nakarani/	Date Considered	03/23/2009
-----------------------	------------------	--------------------	------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.